

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **VOTEVETS.ORG ACTION FUND**(b) Address (number and street) ☒ check if different than previously reported
2201 Wisconsin Ave, NW
#320(c) City, State and ZIP Code
WASHINGTON DC 20007

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number**C** C30001275**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
04 / 29 / 2014

through

M M M / D D D / Y Y Y Y Y
05 / 06 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
04 / 29 / 2014(b) Communication Title Jobs**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Peter Mellman

(b) Address (number and street)

2201 Wisconsin Ave, NW
#320

(c) City, State and ZIP Code

Washington DC 20007

(d) Name of Employer or Principal Place of Business (e) Occupation

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 15450.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Peter MellmanSIGNATURE Peter Mellman[Electronically Filed] DATE 04/30/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

PAGE 2 OF 2

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Buying Time LLC				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 04 / 25 / 2014 </div>	
Mailing Address of Payee 650 Massachusetts Ave NW				Amount <div style="border: 1px solid black; padding: 2px;"> 15450.00 </div>	
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 04 / 29 / 2014 </div>		
Washington	DC	20001			
Name of Employer			Occupation		
Purpose of Disbursement (Including title(s) of communication(s)) Radio buy and productions (Jobs)			Transaction ID : F93.000001		
Name of Federal Candidate Walter B. Jones	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC	Disbursement/Obligation For: 2014	
			District: 03	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: _____	
			District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: _____	
			District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>	
Mailing Address of Payee				Amount <div style="border: 1px solid black; padding: 2px;"> </div>	
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>		
Name of Employer	Occupation				
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: _____	
			District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: _____	
			District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: _____	
			District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px;">15450.00</div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;">15450.00</div>